

**TREAT
&
PROCESS**

State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management

TREATMENT & PROCESSING FACILITY
Facility Annual Report
For the period of **July 1, 2012-June 30, 2013**

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2013 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: WM Healthcare Solutions Inc. Permit: 94-06-TP

Facility Website (URL): _____

Physical Address	Mailing Address
Street 1: <u>301 E Saint David's Rd</u>	Street 1: <u>1001 Fannin St. Suite 4000</u>
Street 2: _____	Street 2: _____
City: <u>Creswell</u> County: _____	City: <u>Houston</u>
State: <u>North Carolina</u> Zip: <u>27928</u>	State: <u>Texas</u> Zip: <u>77001</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Jason Wrubel</u>	Name: _____
Phone: <u>(321) 338-5430</u> Fax: _____	Phone: <u>(713) 287-2467</u> Fax: <u>(713) 265-1270</u>
Email: <u>jwrubel@wm.com</u>	Email: <u>jkumelsk@wm.com</u>

1. Tipping Fee: \$ _____ per Ton (Attach a schedule of tipping fees if appropriate.)

2. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No
If so, please report the date this occurred: _____

3. Indicate types of waste processed at this facility. (Check all that apply)

- | | |
|------------------------------------------------------------|---------------------------------------------------------------|
| <input checked="" type="checkbox"/> Medical Waste | <input type="checkbox"/> Landclearing and inert debris (LCID) |
| <input type="checkbox"/> Industrial Waste | <input type="checkbox"/> Yard Waste |
| <input type="checkbox"/> Construction and Demolition Waste | <input type="checkbox"/> Household Hazardous Waste |
| <input type="checkbox"/> Other (describe) _____ | |

4. Indicate types of processes occurring at this facility. (Check all that apply)

- ☐ Grinding, composting or mulching
- ☒ Medical Waste treatment
- ☐ Incineration
- ☒ Recycling/Reuse Collection (if yes, indicate materials collected; check all that apply and provide tonnages)
- | | | | |
|-----------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Paper _____ tons | <input type="checkbox"/> Fluorescent lightbulbs _____ tons | <input type="checkbox"/> Used oil/oil filters _____ tons | <input type="checkbox"/> Steel Cans _____ tons |
| <input type="checkbox"/> Cardboard _____ tons | <input type="checkbox"/> PETE (#1) Plastic _____ tons | <input type="checkbox"/> Aluminum Cans _____ tons | <input type="checkbox"/> Other Metal _____ tons |
| <input type="checkbox"/> Wood _____ tons | <input checked="" type="checkbox"/> HDPE (#2) Plastic _____ tons | <input type="checkbox"/> Computer Equipment _____ tons | <input type="checkbox"/> Televisions _____ tons |
| <input type="checkbox"/> Glass _____ tons | <input type="checkbox"/> Concrete/rubble/asphalt _____ tons | <input type="checkbox"/> Gypsum/drywall _____ tons | <input type="checkbox"/> Other Plastic _____ tons |
| <input type="checkbox"/> Shingles _____ tons | <input type="checkbox"/> Other (specify) _____ | | |
- ☐ Other activities (specify) _____

5. Indicate the type and quantity of material from recycling or recovery operations stockpiled on-site as of June 30, 2013 (e.g. Wood-3 tons, Metal-5 tons, Cardboard-2 tons, etc.).

Recycle Flake 82.84 tons

6. Total waste received at this facility during the period of July 1, 2012 through June 30, 2013. Indicate **tonnage** received by COUNTY of waste origin. If waste was received from a transfer station, treatment and processing, or mixed waste processing facility indicate the COUNTY LOCATION OF THE FACILITY. Please list ALL counties from which you received waste. Please indicate COUNTY and STATE, if received from another state.

Received from	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total
Beaufort	0.01	0.01	0.02	0.02	0.01	0.01	0	0.02	0	0.01	0.01	0.02	0.14
Brunswick	0.14	0.07	0.03	0.07	0.01	0.13	0	0.07	0.16	0.11	0.09	0.11	0.99
Craven	0	0	0	0	0	0	0	0	0	0	0	0	0
Duplin	0.1	0.06	0.1	0.05	0.36	0.39	0	0.5	0.24	0.17	0.12	0.21	2.3
Edgecombe	0	0	0	0	0	0.02	0	0.02	0	0	0	0	0.04
Lenoir	0.02	0.03	0.02	0.03	0.04	0.01	0	0.12	0.05	0.01	0.07	0.03	0.43
Martin	0	0	0	0	0	0	0	0	0	0	0	0	0
Nash	0	0.01	0	0	0	5.68	0	14.62	6.88	6.76	6.58	7.15	47.68
New Hanover	39.13	31.13	38.12	15.77	17.89	20.66	0	46.87	17.42	16.66	16.78	10.25	270.68
Onslow	0	0	0	0	0	0	0	0	0	0	0	0.09	0.09
Orange	0.12	0.18	0.09	0.08	0.08	0.09	0	0.34	0.02	0.01	0.17	0.34	1.52
Pitt	0.12	0.18	0.08	0.03	0.09	0.16	0.02	0.16	0.07	0.05	0.16	0.14	1.26
Robeson	0	0	0	0.01	0.01	0.01	0	0.01	0.01	0	0.01	0.01	0.07
Wayne	0.05	0.06	0.02	0	0.1	0.03	0	0.06	0.05	0	0.03	0.04	0.44
Wilson	0.03	0.02	0	0	0.02	0.03	0	0.03	0	0	0.05	0.03	0.21
Yadkin	26.57	54.97	45.95	34.53	47.96	34.97	5.13	92.9	43.13	55.87	47.4	54.6	543.98
Chesapeake Co. VA	46.51	60.84	59.23	35.49	46.7	43.63	3.62	109.24	47.73	55.88	50.14	51.23	610.24
Grand Total													1,480.07

7. Indicate the facility(s) that received your facility's non-recycled waste material:

NAME, PERMIT #, and LOCATION (city, state) of FACILITY	Facility Type	Tons
Republic Services of NC, LLC d/b/a East Carolina Environmental, Aulander, NC	MSW Landfill	1,449.88
Curtis Bay Energy, 2005WMI0036, Baltimore, MD	Incinerator	30.22
TOTAL		1,480.10

REMINDER: According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature: jkumelsk@wm.com

Digitally signed by jkumelsk@wm.com
DN: cn=jkumelsk@wm.com
Date: 2013.08.22 14:51:57 -05'00'

Date: Aug 19, 2013

Name: Jason Kumelski

Title: Acquisitions Manager

Phone Number: (713) 287-2467

Email: jkumelsk@wm.com